

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA  
AT WILLIAMSPORT

ROBERT LEON BUCKNER, #33001-037  
Federal Prison Camp Lewisburg  
LEC - UNIT K01-009L  
P.O. Box 2000  
Lewisburg, Pennsylvania 17837

Claimant/Plaintiff, Pro Se

V.

DR ANTHONY BUSSANICH, M.D.  
Medical Department LEC-FPC  
U.S. Penitentiary, Lewisburg  
P.O. Box 1000  
Lewisburg, Pennsylvania 17837

Respondent/Defendant

AND

DONALD ROMINE, WARDEN, USPR  
P.O. Box 1000  
Lewisburg, Pennsylvania 17837

Respondent/Defendant

1: CV00-1594

CIVIL CASE No.

ACTION BROUGHT PURSUANT TO  
U.S.C., TITLE 28, and/or  
U.S.C., TITLE 42, and/or  
U.S.C., TITLE 22, and/or  
THE APPROPRIATE CODE OF WHICH  
THIS COURT DEEMS PROPER FOR  
PLAINTIFF TO BRING ACTION AS  
LAID HEREIN

\* \* \* \* \*

COMPLAINT

DEFENDANTS

(1) DR. ANTHONY BUSSANICH, M.D., is sued in his capacity as a private physician; and/or acting as a federal employee, for Tort, and/or Medical Malpractice, and/or Medical Negligence for actions stated herein. Dr. Bussanich is and was at all times the physician responsible for the medical care of Claimant/Plaintiff while he was incarcerated at LEC (Federal Prison Camp [Lewisburg Extension Camp] Lewisburg).

(2) MR DONALD ROMINE, WARDEN, is and was at all times the Warden of the United States Penitentiary Lewisburg and LEC and the principle overseer of the Physicians and other subordinates at the facilities here at Lewisburg, and was made aware of Plaintiff's/Claimant's

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WILLIAMSPORT, PA  
SEP 08 2000  
MARY E. D'ANDREA, CLERK  
Per Deputy Clerk

neglected medical care through the Administrative remedy procedure and, nevertheless took no action (see Req. for Admin. Remedy BP-9, case #218797-F1) to intervene. He is sued in his individual and official capacity.

#### PLAINTIFF

(3) ROBERT LEON BUCKNER, #33001-037, is at all times mentioned herein a prisoner and ward of the Federal Bureau of Prisons and assigned to the care of Donald Romine, Warden, and under the medical care of Dr. Anthony Bussanich, M.D., and is not free to pursue the physician of his choice because of his status as a prisoner. Plaintiff/Claimant did, and continues to suffer from gross negligence and deliberate indifference to his serious medical needs and hereby sues the named Defendants in there individual and official capacities.

#### HISTORY AND DISCUSSION OF COMPLAINT

(4) Plaintiff is an honorably discharged and decorated Vietnam Veteran and during his tour received head wounds causing on-going severe headaches, vertigo, tinitus and nausea. These episodes were so severe and debilitating that Plaintiff had to seek medical treatment after his ETS (End of Time in Service). The University of Maryland Hospital, Johns Hopkins Hospital and Veterans Hospitals agreed that the cause was contributed to Meniere's Disease and severe 8th cranial nerve damage. Numerous tests were performed by specialists in the field of Neurology, ENT (Ear Nose & Throat), and Psychiatry & Psychology. The final diagnosis was Meniere's Disease, thus, many different drugs and combinations thereof were tried to find the correct treatment for Plaintiff's symptoms. It was finally discovered that Diazepam and Meclizine Hydrochloride, in combination (late 1970's) was most effective

(5) Years later, Clonazepam was on the market and was found to be as effective as Diazepam, but without the harsh side effects of such a strong Benzodiazepine as "Valium." Physicians tried the combination of Clonazepam and Meclizine until they arrived at Meclizine 25mg. and Clonazepam 2mg., three times a day. This combination gave me virtually complete relief from the debilitating symptoms which I was suffering from, without any adverse side effects, and allowed me to be completely able to live a happy, healthy and constructive life until my arrival at Lewisburg Federal Prison Camp. This is when Dr. Bussanich said he would like to "taper me down" from the dosage of Clonazepam which I

was on at the time (as stated above). Although it was a slow tapering, nonetheless I started feeling and suffering from the symptoms after I was taken down to Clonazepam 1mg three times a day (with the 3rd dose being 1½mg). Despite my complaints to Dr. Bussanich, he continued to reduce my dosages until the present dose of 1½ mg. at night and plans to discontinue it completely in the near future.

(6) In the mean time, I am suffering from severe dizziness (vertigo), tinnitus (loud ringing in the ears), and nausea; as well as headaches.

(7) There have been numerous episodes where I would try to stand on my left leg (my right leg is paralyzed due to a pinched nerve in an auto accident just prior to my incarceration) and lose complete control of my equilibrium while showering, going from my wheelchair to the toilet, urinal, bed, etc. One of these occasions mentioned caused me to take a fall wherein I landed on my face so hard that an open wound was sustained on my forehead which required sutures. Dr. Bussanich continued to slowly discontinue my Clonazepam.

(8) Plaintiff continues to suffer from these symptoms which is the cause of numerous physical injuries and will continue to suffer and live with the danger of severe physical injury if INJUNCTIVE action is not taken immediately to restore my medicinal regimen back to AT LEAST include Clonazepam at 1mg, 1mg and 1½mg.

(9) Plaintiff has given Dr. Bussanich the authorization to obtain past medical records from the "outside" hospitals and physicians that treated him for the Meniere's as well as records from Baltimore City Detention Center ("BCDC"), Anne Arundel County Detention Center ("AACDC") and Maryland Penitentiary ("MD. PEN"), where Plaintiff received the medicinal regimen of which he has been following for over twenty (20) years. (This was just prior to Plaintiff's transfer to LEC; between July 12, 1998 to transfer on or about March 5, 2000.)

#### REQUEST FOR EMERGENCY PRELIMINARY INJUNCTION

(10) Plaintiff requests that this Honorable Court issue an emergency temporary injunction, Writ of Mandamus, and/or any other and further relief as is described in paragraph eight (8) above, inasmuch as Plaintiff is in severe danger of further physical injury without this Courts immediate intervention.

(11) WHEREFORE, your Plaintiff/Complainant prays this Court to issue such emergency and temporary order as it deems appropriate in this case.

DAMAGES AND RELIEF SOUGHT

(12) Plaintiff hereby sues Respondent/Defendant, Dr. Anthony Bussanich, M.D., for damages caused by his MEDICAL NEGLIGENCE, in the amount of Fifty Thousand Dollars (\$50,000.00) in Compensatory Damages;

(13) Plaintiff hereby sues Respondent/Defendant, Dr. Anthony Bussanich, M.D., for damages caused by his MEDICAL NEGLIGENCE, in the amount of Fifty Thousand Dollars (\$50,000.00) in Punitive Damages;

(14) Plaintiff hereby sues Respondent/Defendant, Dr. Anthony Bussanich, M.D., for damages caused by his MEDICAL MALPRACTICE, in the amount of Fifty Thousand Dollars (\$50,000.00) in Compensatory Damages;

(15) Plaintiff hereby sues Respondent/Defendant, Dr. Anthony Bussanich, M.D., for damages caused by his MEDICAL MALPRACTICE, in the amount of Fifty Thousand Dollars (\$50,000.00) in Punitive Damages;

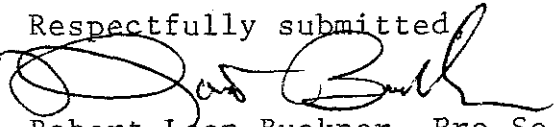
(16) Plaintiff hereby sues Respondent/Defendant, Dr. Anthony Bussanich, M.D., for damages caused by his DELIBERATE INDIFFERENCE TO A SERIOUS MEDICAL NEED, in the amount of Fifty Thousand Dollars (\$50,000.00) in Compensatory Damages;

(17) Plaintiff hereby sues Respondent/Defendant, Dr. Anthony Bussanich, M.D., for damages caused by his DELIBERATE INDIFFERENCE TO A SERIOUS MEDICAL NEED, in the amount of Fifty Thousand Dollars (\$50,000.00) in Punitive Damages.

(18) Plaintiff hereby sues Respondent/Defendant, Mr. Donald Romine, Warden, for damages caused by his LACK OF INTERVENTION THE MEDICAL TREATMENT of Plaintiff after he was made well aware of the dangers of serious physical bodily harm and injuries sustained by actions and/or inactions, of Dr. Anthony Bussanich, M.D., as outlined in paragraphs Four (4) through Seventeen (17) of this action, in the amount of Fifty Thousand Dollars (\$50,000.00) in Compensatory Damages, and; Fifty Thousand Dollars (\$50,000.00) in Punitive Damages.

DATE: Aug. 28<sup>th</sup>, 2000.

Respectfully submitted,

  
Robert Leon Buckner, Pro Se

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

## REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

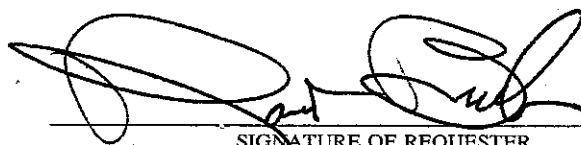
From: BUCKNER, ROBERT L. 33001-037 K01-009L LEC  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

## Part A- INMATE REQUEST

SEE ATTACHED "BP-9 APPEAL OF  
RESPONSE TO BP-8." ATTACHED ALSO  
IS BP-8 & RESPONSE THERETO.

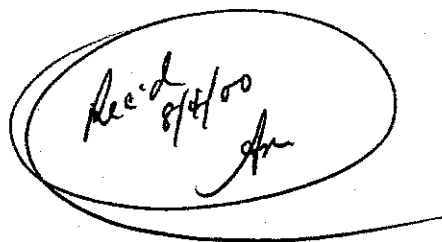
8-3-2000

DATE



SIGNATURE OF REQUESTER

## Part B- RESPONSE



8/24/00

DATE



WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 218797-F1

## Part C- RECEIPT

Return to: BUCKNER, ROBERT L. 33001-037 K01-009L LEC  
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: \_\_\_\_\_

DATE



RECIPIENT'S SIGNATURE (STAFF MEMBER)

BP-229(1)  
FBI

BP-8 APPEAL OF RESPONSE TO BP-8

In a response to my BP-8, Edgardo Ong, Physicians Assistant, responded. (attached). He states that "Clonazepam (Klonopin) is NOT the treatment of choice for 8th [cranial] nerve damage nor it is [sic] the drug of choice for Meniere's disease." On the contrary, the combination of "Clonazepam & Meclizine" has been "the treatment of choice" for over 24 years now. (at first, it was Diazepam & Meclizine HCL. Approximately 12 years ago my regimen was changed to substitute Clonazepam for the Diazepam because of Klonopin's less harsh effect than Diazepam).

This "treatment of choice" was settled on after a long rough road of drug trials by Neurologists, ENT Specialists, and Psychiatrists working together at Johns Hopkins Hospital, University of Maryland Hospital and the Veterans Hospital in Baltimore. This combination of Klonopin & Meclizine was settled upon after trials with over a dozen different medications and combinations thereof, including Klonopin alone, and meclizine alone, of which neither worked. Yet, together they provided relief of the debilitating symptoms of Meniere's Disease as well as minimizing the symptoms of my Anxiety Disorder, Panic attacks and military related PTSD ("flashbacks").

Even P.A. Ong states in his response to my BP-8 that, [m]edically, there is no definitive cure for it [Meniere's Disease] but the best approach is restriction of salt intake and use of diuretics such as Triamterene/HCTZ."

First off, I am already taking Triamterene/HCTZ 75/50 for hypertension and its presence or absence has no effectiveness insofar as my symptoms related to Meniere's Disease. Triamterene/HCTZ ("Maxide") "is indicated for the treatment of hypertension or edema in patients who develop Hypokalemia on Hydrochlorothiazide alone." This, with a "restricted salt intake," may well be a treatment of choice for a case of hypertension, but has no place in my regimen of treatment for Meniere's Disease, Anxiety Disorder, Panic Attacks or PTSD ("flashbacks").

I initially agreed to "work with" Dr. Bussanich in the tapering of my Klonopin to a lower dosage. Now, it has come so low as to cause severity of the symptoms on a daily basis. I started at Meclizine HCL 25 mg. & Klonopin 2 mg., three times a day and have tapered down to Meclizine HCL 25 mg. T.I.D. and Klonopin 1mg. in AM & 1½mg. H.S. I had notified Dr. Bussanich that I was not able to tolerate any further



BP-9 APPEAL CONTINUED  
MEDICAL COMPLAINT/LEC LEWISBURG

BUCKNER, ROBERT LEON  
#33001-037


reduction of my Klonopin when I was down to 1 mg. AM, 1 mg. MID-DAY, and 1½ mg. H.S. Nevertheless, he continued to reduce my Clonazepam without any regard to my worsening symptoms.

P.A. Ong states in his response to my BP-8 the lack of a "medically...definitive cure" for my medical condition. That may be correct when speaking of a large overall percentage of the population that suffer from this (or these) disease[s]. But this is not the case here. I have went through several years of painstaking trials of many different drugs in the past and have found that the combination of Meclizine HCL T.I.D. with Klonopin 1mg., 1mg., & 1½mg., is as low as my tolerance to the symptoms will allow without possibly being at risk of serious bodily injury to myself, or others for that matter.

Although in these follow-the-leader times the voice of moderation may be considered in many circles tantamount to treason. Nonetheless, I feel greatly compelled to voice my objection insofar as my badly needed, yet much ignored, proper treatment for this condition of which has been treated successfully for over 25 years with the same medicinal regimen that is now being denied, showing, without a doubt, deliberate indifference to a serious medical need.

Lastly, P.A. Ong states "[s]ince you are taking both medications (Clonazepam + Meclizine) at the same time, you might have concluded that both drugs were combined to relieve your Meniere's disease." (emphasis added) This "CONCLUSION" was not made inadvertently: It was concluded, as I stated above, after lengthy trials with many different drugs and combinations thereof, by specialists in the field of Neurology, Psychiatry and ENT.

And, YES, I do "feel betrayed," as P.A. Ong puts it. After I have offered my services to the Armed Forces; raised arms and shed blood to perserve the principles and rights of our Constitution and democracy in a very unpopular war of which I sustained psychiatric, emotional and physical injuries that my own government now turns its back to when I seek only minimal compensation: The medicinal regimen taken for the last 25 years to relieve the suffering of these injuries.

  
ROBERT LEON BUCKNER #33001-037

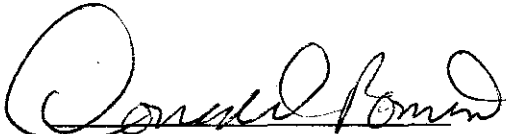
Admin. Remedy No.: 218797-F1  
Part B - Response

**ADMINISTRATIVE REMEDY RESPONSE**

In your Request for Administrative Remedy, you request continued treatment of your Meniere's disease with clonazepam, a benzodiazepine DEA controlled substance. You have explained that the combination of clonazepam and meclizine is the treatment of choice arrived at over several years of experimentation by your earlier providers.

A review into this matter reveals that treatment of Meniere's disease with a combination of clonazepam and meclizine is not supported by current medical literature. According to Bureau of Prisons' treatment guidelines, patients arriving with a current treatment regimen of clonazepam are to be tapered from the drug, with substitution of a non-benzodiazepine if clinically indicated. The psychiatrist at the U.S. Medical Center for Federal Prisoners recommended completely discontinuing your clonazepam over the course of one month. Your clonazepam has been slowly tapered over the course of four months. Should an anti-anxiety agent be indicated in your case, one other than benzodiazepine will be added.

Based on the foregoing, your request for relief regarding treatment of your Meniere's disease is DENIED. If dissatisfied with this response, you may appeal to the Regional Director, United States Federal Bureau of Prisons, Northeast Regional Office, United States Customs House - Seventh Floor, Second and Chestnut Streets, Philadelphia, PA 19106, within twenty (20) calendar days from the date of this response.

  
Donald Romine, Warden

8/24/00  
Date